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S.D. OF N.Y.

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

VIRGINIA BLANCO

**19 CV 5624**

Write the full name of each plaintiff.

CV  
(Include case number if one has been assigned)

-against-

ORANGE COUNTY; ORANGE COUNTY SHERIFF  
CARL E. DEBOLES; WELLPATH; John and  
Jane DOES 1-50, inclusive; all in  
both their official and individual  
capacities, ALL UNKNOWN ENTITIES  
Jointly and Severally,

**COMPLAINT**  
(Prisoner)

Do you want a jury trial?  
 Yes  No

defendants.

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

## I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

Violation of my federal constitutional rights U.S.C.A. Const. Amend(s). 1,

Other: Medical Malpractice, negligence, deprivation, Infliction of emotional distress, discrimination, et al.

## II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Virginia

First Name

Y

Middle Initial

Blanco

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

2019-01561

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Orange County Jail

Current Place of Detention

110 Wells Farm Road

Institutional Address

Goshen

County, City

N.Y.

State

10924

Zip Code

## III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

- Pretrial detainee
- Civilly committed detainee
- Immigration detainee
- Convicted and sentenced prisoner
- Other: \_\_\_\_\_

## IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

First Name	Last Name	Shield #
<u>Orange County Corporation, Person</u>		
Current Job Title (or other identifying information)		
<u>255/275 Main Street</u>		
Current Work Address		
<u>Goshen</u>	<u>N. Y.</u>	<u>10924</u>
County, City	State	Zip Code

Defendant 2:

First Name	Last Name	Shield #
<u>CARL E. DUBOIS</u>		
Current Job Title (or other identifying information)		
<u>110 Wells Farm Road</u>		
Current Work Address		
<u>Goshen</u>	<u>New York</u>	<u>10924</u>
County, City	State	Zip Code

Defendant 3:

First Name	Last Name	Shield #
<u>WELLPATH</u>		
Current Job Title (or other identifying information)		
<u>110 Wells Farm Road</u>		
Current Work Address		
<u>Goshen</u>	<u>N. Y.</u>	<u>10924</u>
County, City	State	Zip Code

Defendant 4:

First Name	Last Name	Shield #
<u>Jane and John DOES 1-50.</u>		
Current Job Title (or other identifying information)		
<u>110 Wells Farm Road</u>		
Current Work Address		

First Name	Last Name	Shield #
<u>WELLPATH and ORANGE COUNTY EMPLOYEES, Persons</u>		
Current Job Title (or other identifying information)		
<u>Goshen</u>	<u>N. Y.</u>	<u>10924</u>
County, City	State	Zip Code

## IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

ALL UNKNOWN ENTITIES

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Shield # \_\_\_\_\_

*i.e., Bankers, Bonding Companies, Owners, Insurers*

Current Job Title (or other identifying information)

% 110 Wells Farm Road

Current Work Address

Goshen New York 10924

County, City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Defendant 2:

Andrew M. CUOMO

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Shield # \_\_\_\_\_

Governor of the state of New York

Current Job Title (or other identifying information)

633 Third Avenue.

Current Work Address

New York NY 10017

County, City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Defendant 3:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Shield # \_\_\_\_\_

Current Job Title (or other identifying information)

Current Work Address

County, City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Defendant 4:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Shield # \_\_\_\_\_

Current Job Title (or other identifying information)

Current Work Address

County, City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

V. STATEMENT OF CLAIM

Place(s) of occurrence: Orange County Jail, Goshen, New York (N.Y.)

Date(s) of occurrence: April 11, 2019 and ongoing by design

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

~~When I arrived at Orange County Jail Facility on 04-11-19 I was deprived of pumping Milk for my Newborn.~~

Please see attachment

~~5-18-19 VB~~  
~~On 5-18-19 I was misdiagnosed and told I had lice. Three (3) other inmates in unit B1 were infected with lice. 04-30-19 The three (3) were allowed both daily showers and to throw out the trash from their cells each day, but I was not. They got their food packages on time, but I did not. I was forced to only shower twice in (6) six days, to live in my cell with nasty smelling two (2) day old garbage and spoiled food, rotten and infected with bacteria. I was made to throw out my thermals I had purchased and not reimbursed. I had to throw out my towel and never got another to date. I've been requesting once since 5-18-19.~~

~~I was denied practicing my religion (U.S.C.A. Const. Amend. I) to change diet to vegetarian, denied medical requests, mental health assistance & requests; denied follow up / blood work for iron deficiency all ignored by total deliberate indifference by the Russian medical doctor.~~

~~When I spoke to her <sup>V.B.</sup> about it. For trying to grieve and seek redress I was retaliated against and further abused.~~

~~It is well settled law that First Amendment Deprivations, regardless of how short the duration, constitute irreparable injury. It is also well settled the First Amendment protects the pursuance of grievances.~~

see

~~please  
attachment~~

MOTION FOR SUMMARY JUDGMENT:

Plaintiff executes this instrument under 28 U.S.C. §1746(1), and hereby moves for summary judgment as the facts are material not in dispute. Plaintiff is there entitled to judgment as a matter of law. See Chalmers v. City of Los Angeles, 762 F.2d 753, 761 (9th Cir. 1985); also see American Red Cross v. Community Blood Center of the Ozarks, 257 F.3d 859 (8th Cir. 2001) (only stipulations of fact are binding); "A victim's testimony alone is sufficient bases on which to award compensatory damages for pain and suffering." Chalmers, Id. at 761; also U.S.C.A. Const. Amend. 7.

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received. Neglected, abused, mental pain-physical pain and

suffering, mental, social and financially damaged; distress, trespass on my rights, unreasonable mental and emotional distress, deprivation, fear of health and for my life; fright, grief, humiliation, mental cruelty, by bad faith, officer misconduct & discrimination; fear of govt. created danger, retaliation, and abuse of medical care process; First and Eighth Amendment deprivation;

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

Compensatory damages of Five Million Dollars (\$5,000,000.00) (U.S.D);  
Spacial Damages in Amount determined by proof at trial by jury;  
General Damages in Amount determined by proof at trial by jury;  
For Punative Damages as allowed by claim or jury of Ten Million (or more)  
Dollars (\$10,000,000.00) (U.S.D); For restitution as allowed by law; For  
attorney fees and cost of action, including under "private attorney general  
doctrine"; for all court costs including bonds, CRIS securitization, U.S.M.  
costs; for Qui Tam action fees to pay on national debt pursuant to 31  
U.S.C. §3113, and any taxes owed on funds paid here from per 26 U.S.C. §165  
et seq.; thank you.

## VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

Dated

06/11/19

Plaintiff's Signature [28 U.S.C. § 1746 (1)]

First Name

Virginia

Middle Initial

y.

Last Name

Blanco

Prison Address

110 Wells Farm Road

County, City

Goshen

New York

10924

State

Zip Code

Date on which I am delivering this complaint to prison authorities for mailing:

06/11/19

Subscribed and sworn to before me

this 11 day of June 2019

Vincent J. Czubak  
Notary Public

VINCENT J. CZUBAK  
Notary Public, State of New York  
No. 01CZ6102072  
Qualified in Sullivan County  
Commission Expires November 24, 2019

Virginia Blanco

June 11, 2019

1. On 02/08/2019 I delivered a baby girl by cesarean birth at the Westchester Medical Center. During this time I was in custody and returned to Westchester Correctional Facility where I was housed since my incarceration on 07/16/2018. After returning to Westchester County Jail I was given a manual breast pump (which I kept in my cell), a baby bottle to feed the baby during visitation and also the opportunity to store the breast milk on a daily basis. The milk was picked up by my mother or spouse up to three times a week. This was a consistent process until I was transferred to Orange County Jail on 04/11/2019.
2. On 04/11/2019 when I arrived at Orange County Jail at around 12 PM, I immediately informed the booking officer, the nurse at booking, the B1 Officer and the Sgt about my breast pumping situation. I made them aware that I was just transferred from another facility and that my newborn has been drinking and receiving breast milk for a consistent 8 weeks. I also informed the nurse that I have an iron deficiency, allergies to tomato and that I've been a vegetarian for over 8 years. Although it was all notated in her notes I was simply ignored and no changes or updates were given to me on that day. I was deprived of pumping for that entire day.
3. On 04/12/2019, I asked the unit officer for any updates regarding lactating and she stated that she hadn't heard anything from anyone. This was the second day I

was deprived of pumping milk for my newborn and was now experiencing breast ~~Pain~~ as my breast were enlarged with milk. I filed in a sick call slip and informed the medical staff of what was going on including being deprived and the pain I was experiencing. I also asked for a grievance ~~which~~ I never received.

4. On 04/13/2019 I was called to medical at around 9:30 AM to pump but was advised that the milk will be dumped because they did not have a place to "store it". Officer Barlow who works at the Medical Unit along with an inmate Tara Schumaker (whose now an inmate and used to be an LPN before her incarceration) both informed me that these services were provided to another inmate and in fact they did have a place to store the milk. I continued to go to Medical up to 3-4 times a day to continue getting the same answer on how my daughter was no longer able to get breast milk. Ultimately I stopped going about 5 weeks later because it was only driving my Anxiety and depression into a deeper state.
5. On 04/17/2019 I was called to Medical to get a physical. I reinstated all my concerns to the Russian doctor including how I was not receiving nutrients because I don't eat meat, how my diet tray was not updated, how I was nursing, how I was allergic to tomato and how I had a iron deficiency. The doctor was as incompetent and careless as everyone else in this facility and did not assist me with my medical needs. She did not follow up or request blood work for my iron level, she ignored my lactation concerns, and regarding my diet she stated I would need to contact "programs".

6. On 04/19/2019 I wrote Officer Colon whose in charge of program and in the letter I mentioned my diet and also about my pumping situation and how I was very devastated on how I haven't heard anything from anyone as of yet.
7. On 04/22/2019 I was called to Officer Colon's office and he intended to contact the Medical Director who he was unable to reach at the time. Regarding my diet tray he stated the ONLY way to get a vegetarian tray was to change my religion from Catholic to Hindu. From this day and on I was no longer able to practice my religion or attend any Catholic services at Orange County Jail.
8. On 04/30/2019 three (3) inmates in Unit B1 were infected with Lice and immediately locked in for seven (7) days. Within this time frame they were able to shower daily, throw out their trash and the privilege to get their food packages on time.
9. On 05/18/2019 I was misdiagnosed with lice and locked in for 6 days. Within this time I was only allowed to shower twice (2) in six (6) days, I was not allowed to throw out my trash yet had nasty smelling two(2) day old garbage and spoiled food, rotten with bacteria. I was not able to get my food package on time and was forced to throw out my thermals which I had purchased and never reimbursed. I am anemic and have been freezing in my cell ever since. I was also forced to throw out my towel and have yet to get a new one either. I had to cancel my visitation, was not able to see my children or speak to my family for moral support as I do everyday. My post partum and Anxiety at this point was at an all time high. I filed out a Mental Health request form expressing what I was experiencing. I was not seen until 06/02/2019 and was informed that they were

unable to assist me because I was “not taking any medication before I was incarcerated”

10. On 05/20/2019 and 05/23/2019 I asked for a grievance form and never received one, I was ignored over and over again.
11. On 05/21/2019 Officer Keen humiliated me as if this was all a joke to her, she informed the other inmates they had to lock in at 10 PM because the “bug heads need to get in the shower”
12. On 05/29/2019 five (5) ICE detainees were transferred from E-Unit due to being diagnosed with lice and were locked in for 7 days. During this time they were also able to shower and throw out their trash daily, get their packages on time and even the opportunity to make phone calls.

In conclusion I was denied practicing my religion (U.S.C.A. Const. Amend I) to change diet to vegetarian, denied medical requests, mental health assistance and requests; denied follow up/ blood work for iron deficiency, deprived of lactation and breast milk storage. I was also humiliated and ignored by staff. All ignored by total deliberate indifferences by the Russian doctor, the officers, Medical Staff and the SGTs when I continuously addressed them about it. For trying to grieve and seek redress I was discriminated, humiliated, retaliated against, and further abused.

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It is a well settled Law that First Amendment Deprivations, regardless of how short the duration, constitutes irreparable injury. It is also well settled that the First Amendment protects the pursuance of grievances.

The horrifying chain of events that took place at Orange Count Correctional Facility was all to my prejudice. These discriminatory acts did not only affect me but also my innocent new born child. These acts led me to a deeper state of post-partum depression, Anxiety, PTSD and suicidal thoughts. After all of this, I can say that my live will never ever be the same.

Respectfully,

A handwritten signature consisting of a stylized 'J' or 'L' shape enclosed within a circle, with a horizontal line extending to the right.

Orange County Jail

110 Wells Farm Road  
Goshen NY 10924

Name: VIRGINIA Bianco

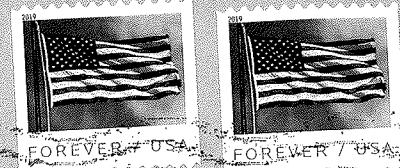
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White Plains, NY 10610

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New York, NY 10007